

#### **CAPTIVE INSURANCE SECTION**

Bill Haslam Governor

### STATE OF TENNESSEE DEPARTMENT OF COMMERCE & INSURANCE

Julie Mix McPeak Insurance Commissioner

500 James Robertson Parkway Nashville, Tennessee 37243 (615) 741-3805

# Captive Application (Attach separate sheets if necessary)

(Fremen separate sheets if necessary)									
A.	GENERAL INFORM	<b>MATION:</b>							
1.	Name of Captive								
2.	Owner or Sponsor								
3.	Contact information	on regarding	this applicant						
	Name:								
	Street Address:								
	City, State and Zip:								
	Phone Number:								
	Fax Number:								
	E-Mail Address:								
4.	Indicate Type of P	roposed Capt	tive	5.	Organization Fo	rm			
	Pure Ass	sociation	Industrial Insured		Stock	LLC			
	RRG Pro	otected Cell			Mutual	Non-Profit			
	SPFC Bra	anch			Reciprocal	Series LLC			
6.	Principal Place of l	Business							
7.	Resident Registere	d Agent							
8.	Location of Books	and Records							

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9.	Name(s) and Address(es) of Beneficial Owners*	% of Ownership
	(1) (2)	
	(3)	
	eparate sheet if needed) *If Beneficial Owner is publicly traded, current Annual Report ication.	(10-k) must be included
10.	Explain Relationship Among Beneficial Owners	
11.	Capital and/or Surplus of Company	
	Initial Capital \$	
	Initial Surplus \$	
	Total \$	
12.	If Applicant is an Industrial Insured Captive, please answer the following:	
	(a) Aggregate Annual Premium \$	
	(b) Number of Full-time Employees	
13.	If applicant is an Association Captive, give history, purpose, size, and other deta association.	ils of parent
14.	If Letters of Credit are to be used Name and Address of Bank \$	Amount

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#### 15. **SERVICE PROVIDERS**

MANAGEMENT COMPANY	<u>ATTORNEY</u>
Company Name:	Company Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:
<u>CPA</u>	THIRD PARTY ADMINISTRATOR
Company Name:	Company Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:
ACTUARY	INSURANCE or REINSURANCE BROKER
Company Name:	Company Name:
Contact Name:	Contact Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:

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#### B. COVERAGE/LIMITS/REINSURANCE

Direct or Policy Limits Claims Made Amount
Coverage Reinsurance per Occ./Agg. or Occurrence Reinsured By

Are Policies assessable? Yes No
Parental Guarantee in place? Yes No
Loan to Parent requested? Yes No
Losses Discounted? Yes No

If so, proposed rate:

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Insurance Commissioner

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I CERTIFY THAT TO THE BEST OF MY

KNOWLEDGE AND BELIEF, ALL OF THE

INFORMATION GIVEN IN THIS APPLICATION IS

TRUE AND CORRECT AND THAT ALL

ESTIMATES GIVEN ARE TRUE ESTIMATES

BASED UPON FACTS WHICH HAVE BEEN

CAREFULLY CONSIDERED AND ASSESSED.

Officer, Director, or Attorney-in-Fact for a Reciprocal	
Date:	
Name:	
Signature:	
Captive Manager	
Date:	
Name:	
Signature:	

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